# Case 08-72857

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# Northern District of Illinois

IN RE: Case No. Knowles, Gynna Lee Chapter 7 Debtor(s) DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept ......\$ 1,000.00 1,000.00 0.00 The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; entation of the debtor in adversary proceedings and other contested bankruptcy matt d. [Other provisions as needed] By agreement with the debtor(s), the above disclosed fee does not include the following services: CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. September 4, 2008 /s/ Michael J. Rabbitt Date Signature of Attorney

Woodworth, Rabbitt & Lewandowski, PC

Name of Law Firm

# NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

# 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# **Chapter 7:** Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

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using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

# **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

# Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

# Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by  $\S 342(b)$  of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state
X	the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.	-
Certificate of the Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice.	

Knowles, Gynna Lee	X /s/ Gynna Lee Knowles	9/04/2008
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	X	
	Signature of Joint Debtor (if any)	Date

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According to the calculations required by this statement:
☐ The presumption arises
<b>✓</b> The presumption does not arise
(Check the box as directed in Parts I, III, and VI of this statement.)

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. EXCLUSION FOR DISABLED VI	ETERANS AND NON-CONSUM	ER DEBTOR	$\mathbf{S}$	
1A	If you are a disabled veteran described in the Veteran's Veteran's Declaration, (2) check the box for "The pres the verification in Part VIII. Do not complete any of the	umption does not arise" at the top of the			
	<b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	If your debts are not primarily consumer debts, check t complete any of the remaining parts of this statement.	he box below and complete the verific	ation in Part VII	I. Do not	
	☐ <b>Declaration of non-consumer debts.</b> By checking	this box, I declare that my debts are no	ot primarily consu	umer debts.	
	Part II. CALCULATION OF MONTH	LY INCOME FOR § 707(b)(7) E	XCLUSION		
	Marital/filing status. Check the box that applies and of	•	s statement as dir	ected.	
	a. Unmarried. Complete only Column A ("Debtor	*			
	b. Married, not filing jointly, with declaration of sepenalty of perjury: "My spouse and I are legally are living apart other than for the purpose of evac Complete only Column A ("Debtor's Income")	separated under applicable non-bankruding the requirements of § 707(b)(2)(A	ptcy law or my s	pouse and I	
2	c. Married, not filing jointly, without the declaratio Column A ("Debtor's Income") and Column I		e 2.b above. Cor	nplete both	
	d. Married, filing jointly. Complete both Column Lines 3-11.	A ("Debtor's Income") and Column	B ("Spouse's In	ncome'') for	
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Column A  Debtor's Income				
3	Gross wages, salary, tips, bonuses, overtime, comm	issions.	\$ 1,732.88	\$	
4	Income from the operation of a business, profession a and enter the difference in the appropriate column(s) one business, profession or farm, enter aggregate number attachment. Do not enter a number less than zero. Do responses entered on Line b as a deduction in Part V				
	a. Gross receipts	\$			
	b. Ordinary and necessary business expenses	\$			
	c. Business income	Subtract Line b from Line a	\$	\$	

	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. It not include any part of the operating expenses entered on Line b as a deduction in Part V.									
5	a.	Gross receipts		\$						
	b.	Ordinary and necessary operating	expenses	\$						
	c.	Rent and other real property income	me	Subtract I	Line b from	m Line a	\$		\$	
6	Inte	rest, dividends, and royalties.					\$		\$	
7	Pens	sion and retirement income.					\$		\$	
8	expe that	amounts paid by another person enses of the debtor or the debtor's purpose. Do not include alimony cour spouse if Column B is complete	s <b>dependents, i</b> or separate mair	ncluding c	nild supp	ort paid for	\$		\$	
9	How was Colu	mployment compensation. Enter the vever, if you contend that unemployed a benefit under the Social Security Amn A or B, but instead state the am	ment compensa Act, do not list	tion receive the amount	ed by you	or your spouse	1			
	cla	employment compensation imed to be a benefit under the cial Security Act	Debtor \$		Spouse	\$	\$		\$	
10	source paid alim Secu a vice a. b.	me from all other sources. Specify ces on a separate page. Do not include by your spouse if Column B is component of separate maintenance. Do not your separate maintenance. Do not your separate maintenance as a vertice of international or domestic terms and and enter on Line 10	ude alimony or ompleted, but in not include any victim of a war	r separate i nclude all o y benefits re	maintena other pay eceived ur	ments of oder the Social	\$		\$	
11		total of Current Monthly Income if Column B is completed, add Line					\$	1,732.8	<b>8</b> \$	
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.							1,732.88		
		Part III. AP	PLICATION	N OF § 70	7(B)(7) <b>E</b>	EXCLUSION				
13		ualized Current Monthly Income nd enter the result.	for § 707(b)(7	). Multiply	the amou	nt from Line 12	by the	number	\$	20,794.56
14	hous	licable median family income. Enterelie the hold size. (This information is available to court.)						erk of		
	a. Er	nter debtor's state of residence: Illin	ois		b. Ente	r debtor's housel	old s	ize: _ <b>3</b> _	\$	66,607.00
		lication of Section707(b)(7). Chec		-						
15	<ul> <li>✓ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.</li> <li>☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.</li> </ul>									

D22A (	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)							
16	Enter	the amount from Line 12.						\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional						\$	
18	Curre	ent monthly income for § 707	<b>(b)(2).</b> Subtract I	Line 17	from Line 16	and enter the res	sult.	\$
Part V. CALCULATION OF DEDUCTIONS FROM INCOME  Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)								
19A	Nation	nal Standards: food, clothing nal Standards for Food, Clothin lable at www.usdoj.gov/ust/ or	g and Other Item	ns for th	ne applicable l	nousehold size. (		\$
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.								
	Hou	sehold members under 65 yea	ars of age	Hous	sehold memb	ers 65 years of	age or older	
	a1.	Allowance per member		a2.	Allowance p	per member		
	b1.	Number of members		b2.	Number of 1	nembers		
	c1.	Subtotal		c2.	Subtotal			\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).					\$			
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.    a.   IRS Housing and Utilities Standards; mortgage/rental expense   \$   b.   Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42   \$   c.   Net mortgage/rental expense   Subtract Line b from Line a						\$		

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21	and 2 Utilit	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
				\$				
	an ex	Il Standards: transportation; vehicle operation/public transportation; pense allowance in this category regardless of whether you pay the exegardless of whether you use public transportation.						
		k the number of vehicles for which you pay the operating expenses or uses are included as a contribution to your household expenses in Line						
22A	$\square 0$	$\square$ 1 $\square$ 2 or more.						
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk							
		e bankruptcy court.)  I Standards: transportation; additional public transportation exp	ense. If you pay the operating	\$				
	expe	nses for a vehicle and also use public transportation, and you contend	that you are entitled to an					
22B		ional deduction for your public transportation expenses, enter on Line sportation" amount from IRS Local Standards: Transportation. (This a						
		<u>.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.)		\$				
	whic	Il Standards: transportation ownership/lease expense; Vehicle 1. On you claim an ownership/lease expense. (You may not claim an ownership/lease expense)						
	<u> </u>	2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>							
	a.	IRS Transportation Standards, Ownership Costs	\$					
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$					
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$				
	checl	Il Standards: transportation ownership/lease expense; Vehicle 2. (seed the "2 or more" Box in Line 23.						
24	Transthe to	r, in Line a below, the "Ownership Costs" for "One Car" from the IRS sportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the batal of the Average Monthly Payments for any debts secured by Vehicact Line b from Line a and enter the result in Line 24. <b>Do not enter a</b>	ankruptcy court); enter in Line b le 2, as stated in Line 42;					
	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$					
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$					
	l c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a					

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Other Necessary Expenses: faxes. Enter the total average monthly expense that you actually incur for all foot states, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate on sales taxes as the such as the self-ment of the deductions that are required for your employment. Enter the total average monthly payorld deductions that are required for your employment, such as voluntary-401(k) contributions.  Other Necessary Expenses: in functionance. Enter total orange monthly permisms that you actually payorld in the form of insurance. Enter that every monthly permisms that you actually payorld for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a cour or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged the child. Enter the total average monthly amount that you actually expend on childcare—such as haby-sitting, day care, nursery and preschool. Do not include other education apayments.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as haby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance op paid by a health savings accounts listed in Line 34.  Other Necessary Expenses: teledomentation services, finer the total average monthly amount that you actually pay for telecommu	B22A (	Official Form 22A) (Chapter 7) (01/08)			
26 payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(c) contributions.  27 Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  29 Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  20 Other Necessary Expenses: clucation for employment or for a physically or mentally challenged dependent child for whom no public education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as haby-sitting, day care, nursery and preschool. Do not include other educational payments.  31 Other Necessary Expenses: health care. Enter the total average monthly amount that is not retimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  32 Other Necessary Expenses: telecommunication services. Other health savings accounts listed in Line 34.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  34 Subpart B: Additional Expense Deductions under \$ 707(b)  Note: Do not include any expenses that you was accou	25	federal, state, and local taxes, other than real estate and sales taxe	es, such as income taxes, self employment	\$	
Protection life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	payroll deductions that are required for your employment, such as	s retirement contributions, union dues,	\$	
payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually payments.  Other Necessary Expenses: telecommunication services other than that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waining, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  For an additional expenses that you will continue to pay for the reasonable and necessary care and	27	for term life insurance for yourself. Do not include premiums fo		\$	
child. Enter the total average monthly amount that you actually expend for education that is a condition of whom no public education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  31 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  32 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$\$ Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32  ## Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  \$\$ Disability Insurance \$\$ \$\$ Disability Insurance \$\$ \$\$ Disability Insurance, and Health Savings Account Expenses. List the monthly expenses that you dependents.  \$\$ Continued contributions to the care of household or family members. Enter the total average actual	28	required to pay pursuant to the order of a court or administrative	agency, such as spousal or child support	\$	
on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Expense Deductions under \$ 707(b)  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  S  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Fami	29	<b>child.</b> Enter the total average monthly amount that you actually exemployment and for education that is required for a physically or	xpend for education that is a condition of mentally challenged dependent child for	\$	
at expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.    Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.    Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.    Subpart B: Additional Expense Deductions under § 707(b)	30	on childcare—such as baby-sitting, day care, nursery and prescho		\$	
you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance b. Disability Insurance c. Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in				
Subpart B: Additional Expense Deductions under § 707(b)  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$ b. Disability Insurance \$ c. Health Savings Account \$  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept	you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously</b>				
Rote: Do not include any expenses that you have listed in Lines 19-32	33	Total Expenses Allowed under IRS Standards. Enter the total	of Lines 19 through 32.	\$	
expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance					
monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept	34	expenses in the categories set out in lines a-c below that are reaso spouse, or your dependents.  a. Health Insurance b. Disability Insurance c. Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actually expended the space below:	snably necessary for yourself, your  \$ \$ \$	\$	
you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept	monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is				
	36	you actually incurred to maintain the safety of your family under Services Act or other applicable federal law. The nature of these	the Family Violence Prevention and	\$	

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**B22A** (Official Form 22A) (Chapter 7) (01/08)

37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.						\$
38	you a secon trust	cation expenses for dependent of actually incur, not to exceed \$137 and ary school by your dependent of ee with documentation of your asonable and necessary and not	7.50 per cl children le cactual ex	hild, for attendance at a ess than 18 years of age apenses, and you must	a private or publice. You must provit explain why the	elementary or ide your case	\$
39	cloth Natio	itional food and clothing expening expenses exceed the combine onal Standards, not to exceed 5% cusdoj.gov/ust/ or from the clerk tional amount claimed is reason	ed allowar of those of of the bar	nces for food and cloth combined allowances. ( nkruptcy court.) <b>You n</b>	ing (apparel and so (This information	ervices) in the IRS is available at	\$
40		inued charitable contributions or financial instruments to a char					\$
41	Tota	l Additional Expense Deduction	ns under	<b>§ 707(b).</b> Enter the tot	al of Lines 34 thro	ough 40	\$
		S	ubpart C	: Deductions for Deb	t Payment		
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.  Average Does payment						
42		Name of Creditor	Property	Securing the Debt	Monthly Payment	include taxes or insurance?	
	a.				\$	☐ yes ☐ no	
	b.				\$	☐ yes ☐ no	
	c.				\$	yes no	
				Total: Add	lines a, b and c.		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
73	Name of Creditor Property Securing the Debt 1/60th of the Cure Amount						
	a.					\$	
	b.					\$	
	c.					\$	
					Total: Ad	ld lines a, b and c.	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims,						

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B22A (	Official Form 22A) (Chapter 7) (01/08)		T			
	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a following chart, multiply the amount in line a by the amount in line administrative expense.					
	a. Projected average monthly chapter 13 plan payment.	\$				
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X				
	c. Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$			
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42	through 45.	\$			
	Subpart D: Total Deduction	ns from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the to	tal of Lines 33, 41, and 46.	\$			
	Part VI. DETERMINATION OF § 7	07(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for	§ 707(b)(2))	\$			
49	Enter the amount from Line 47 (Total of all deductions allow	ed under § 707(b)(2))	\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 4	9 from Line 48 and enter the result.	\$			
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the a enter the result.	mount in Line 50 by the number 60 and	\$			
	<b>Initial presumption determination.</b> Check the applicable box a	nd proceed as directed.				
	The amount on Line 51 is less than \$6,575. Check the box this statement, and complete the verification in Part VIII. Do		ne top of page 1 of			
52	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	The amount on Line 51 is at least \$6,575, but not more th though 55).	an \$10,950. Complete the remainder of F	Part VI (Lines 53			
53	53 Enter the amount of your total non-priority unsecured debt					
54	\$					
	Secondary presumption determination. Check the applicable b	ox and proceed as directed.				
55	The amount on Line 51 is less than the amount on Line 54 the top of page 1 of this statement, and complete the verificat		pes not arise" at			
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					

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B22A (Official Form 22A) (Chapter 7) (01/08)

#### Part VII. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
	Total: Add Lines a, b and c	\$

# **Part VIII. VERIFICATION**

both debtors must sign.)		
Date: September 4, 2008	Signature: /s/ Gynna Lee Knowles	(Debtor)

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case,

57

56

Signature:

(Joint Debtor, if any)

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	tes Bankruptcy Co	ourt		<b>X</b> 7.1	D.444
Northern	n District of Illinoi	is		Volu	ntary Petition
Name of Debtor (if individual, enter Last, First, Middle Knowles, Gynna Lee	e):	Name of Joint Debt	for (Spouse) (Last, First,	Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>Gynna Lee Sickler</b>			sed by the Joint Debtor in aiden, and trade names):		ears
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. EIN (if more than one, state all): <b>4772</b>	D. (ITIN) No./Complete	Last four digits of S EIN (if more than o	Soc. Sec. or Individual-Ta	axpayer I.D.	(ITIN) No./Complete
Street Address of Debtor (No. & Street, City, State & 2 403 2d Avenue Holcomb, IL	Zip Code):	Street Address of Jo	oint Debtor (No. & Stree	t, City, State	e & Zip Code):
	ZIPCODE <b>61043</b>			Z	IPCODE
County of Residence or of the Principal Place of Busin <b>Ogle</b>	ess:	County of Residence	e or of the Principal Plac	ce of Busine	ss:
Mailing Address of Debtor (if different from street add	dress)	Mailing Address of	Joint Debtor (if differen	t from street	t address):
2	ZIPCODE			Z	IPCODE
Location of Principal Assets of Business Debtor (if diff	ferent from street address abo	ove):		<u> </u>	
				Z	IPCODE
Type of Debtor (Form of Organization) (Check one box.)	Nature of Bo (Check one		the Petition	n is Filed (C	Code Under Which Check one box.)
✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)  Partnership  Other (If debtor is not one of the above entities,	Health Care Business Single Asset Real Estate U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker	e as defined in 11	Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13	Recog Main : Chapt Recog	er 15 Petition for mition of a Foreign Proceeding er 15 Petition for mition of a Foreign lain Proceeding
check this box and state type of entity below.)	Clearing Bank Other  Tax-Exempt		Debts are primarily debts, defined in 11	U.S.C.	
	(Check box, if a Debtor is a tax-exempt Title 26 of the United S Internal Revenue Code)	organization under tates Code (the	§ 101(8) as "incurred individual primarily personal, family, or hold purpose."	y for a	
Filing Fee (Check one box)			Chapter 11 D	ebtors	
<ul> <li>✓ Full Filing Fee attached</li> <li>✓ Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</li> </ul>		Check one box:  ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).  ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  Check if:  ☐ Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.			
Filing Fee waiver requested (Applicable to chapter 7 attach signed application for the court's consideration		Check all applicable  A plan is being f  Acceptances of to	le boxes: iled with this petition	epetition fro	m one or more classes of
Statistical/Administrative Information					THIS SPACE IS FOR
Debtor estimates that funds will be available for dis Debtor estimates that, after any exempt property is distribution to unsecured creditors.			will be no funds available	e for	COURT USE ONLY
Estimated Number of Creditors	- 5,001- 10,	001- 25,001-	50,001-	Over	

1993-2008 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

 $\checkmark$ 

\$0 to

\$0 to

Estimated Assets

\$50,000 \$100,000

**Estimated Liabilities** 

\$50,000 \$100,000

\$500,000

\$500,000

\$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001

\$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001

\$1 million

\$1 million

5,000

\$10 million

\$10 million

10,000

25,000

\$50,000,001 to

\$50,000,001 to

to \$50 million \$100 million

to \$50 million \_ \$100 million

50,000

\$100,000,001

\$100,000,001

100,000

\$500,000,001

to \$500 million to \$1 billion

to \$500 million to \$1 billion

100,000

More than

\$1 billion

\$1 billion

\$500,000,001 More than

Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debtor (If mo	re than one, attach additional sheet)
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.	(To be completed whose debts are properties of the attorney for the petitioner of that I have informed the petition chapter 7, 11, 12, or 13 of the explained the relief available unthat I delivered to the debtor the Bankruptcy Code.	if debtor is an individual imarily consumer debts.)  mamed in the foregoing petition, declare that [he or she] may proceed under let 11, United States Code, and have der each such chapter. I further certify ne notice required by § 342(b) of the
	X /s/ Michael J. Rabbitt Signature of Attorney for Debtor(s)	9/04/08 Date
or safety?  Yes, and Exhibit C is attached and made a part of this petition.	<b>bit C</b> alleged to pose a threat of imminen	t and identifiable harm to public health
or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma	bit D ach spouse must complete and atta	
or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, exilon is filed, exilon is filed, exilon is filed.	bit D ach spouse must complete and atta	
or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.  Information Regarding	bit D  ach spouse must complete and atta de a part of this petition.  ed a made a part of this petition.  ag the Debtor - Venue oplicable box.) of business, or principal assets in th	ch a separate Exhibit D.)
or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.  Information Regardin  (Check any ap  Debtor has been domiciled or has had a residence, principal place of	bit D  ach spouse must complete and atta de a part of this petition.  ed a made a part of this petition.  ag the Debtor - Venue oplicable box.) of business, or principal assets in the days than in any other District.	ch a separate Exhibit D.) is District for 180 days immediately
Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached  Information Regardin  (Check any ap  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180	bit D  ach spouse must complete and atta de a part of this petition.  ed a made a part of this petition.  ag the Debtor - Venue oplicable box.) of business, or principal assets in the days than in any other District.  coartner, or partnership pending in the ace of business or principal assets out is a defendant in an action or pre-	ch a separate Exhibit D.)  is District for 180 days immediately this District. in the United States in this District, occeding [in a federal or state court]
or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached  Information Regardin  (Check any ap  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180  There is a bankruptcy case concerning debtor's affiliate, general place of business or assets in the United States by	bit D  ach spouse must complete and attade a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue  oplicable box.)  of business, or principal assets in the days than in any other District.  oartner, or partnership pending in the ace of business or principal assets out is a defendant in an action or proper and to the relief sought in this Disters as a Tenant of Residential I licable boxes.)	ch a separate Exhibit D.)  is District for 180 days immediately this District. in the United States in this District, occeding [in a federal or state court] rict.  Property
or safety?  ☐ Yes, and Exhibit C is attached and made a part of this petition.  ☐ No  ☐ Exhi  ☐ (To be completed by every individual debtor. If a joint petition is filed, ea  ☐ Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  ☐ Exhibit D also completed and signed by the joint debtor is attached  ☐ Information Regardin  ☐ (Check any approaching the date of this petition or for a longer part of such 180)  ☐ There is a bankruptcy case concerning debtor's affiliate, general proceeding and has its principal place of has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in regeneration.  ☐ Certification by a Debtor Who Reside (Check all approaching and the served in regeneration of the parties will be served in regeneration.	bit D  ach spouse must complete and attade a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue  oplicable box.)  of business, or principal assets in the days than in any other District.  oartner, or partnership pending in the ace of business or principal assets out is a defendant in an action or proper and to the relief sought in this Disters as a Tenant of Residential I licable boxes.)  tor's residence. (If box checked, contraction of the properties of the prop	ch a separate Exhibit D.)  is District for 180 days immediately this District. in the United States in this District, occeding [in a federal or state court] rict.  Property
Texhi  To be completed by every individual debtor. If a joint petition is filed, ex  Exhi  Exhi  To be completed by every individual debtor. If a joint petition is filed, ex  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached  Information Regardin  (Check any approaching the date of this petition or for a longer part of such 180  There is a bankruptcy case concerning debtor's affiliate, general plor has no principal place of business or assets in the United States I in this District, or the interests of the parties will be served in reg  Certification by a Debtor Who Reside  (Check all app  Landlord has a judgment against the debtor for possession of deb  (Name of landlord or lesse	bit D  ach spouse must complete and attade a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue  oplicable box.)  of business, or principal assets in the days than in any other District.  oartner, or partnership pending in the ace of business or principal assets out is a defendant in an action or proper and to the relief sought in this Disters as a Tenant of Residential I licable boxes.)  tor's residence. (If box checked, contraction of the properties of the prop	ch a separate Exhibit D.)  is District for 180 days immediately this District. in the United States in this District, occeding [in a federal or state court] rict.  Property

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
 Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(I)).

Case 08-72857 B1 (Official Form 1) (1/08)

filing of the petition.

(This page must be completed and filed in every case)

**Voluntary Petition** 

Doc 1

Filed 09/04/08

Document

Entered 09/04/08 15:03:10

Page 13 of 39
Name of Debtor(s):

Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Knowles, Gynna Lee

Desc Main

Page 2

# **Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

Knowles, Gynna Lee

# **Signatures**

# Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### /s/ Gynna Lee Knowles Signature of Debtor

**Gynna Lee Knowles** 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

September 4, 2008

Date

X

#### Signature of Attorney\*

## X /s/ Michael J. Rabbitt

Signature of Attorney for Debtor(s)

#### Michael J. Rabbitt 6203164

Printed Name of Attorney for Debtor(s)

## Woodworth, Rabbitt & Lewandowski, PC

Firm Name

#### 6180 East State Street

Address

Rockford, IL 61108

Telephone Number

### September 4, 2008

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual	
Signature of Authorized murvidual	

Title of Authorized Individual

Date

# Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X	
	Signature of Foreign Representative
	Printed Name of Foreign Representative

**Signature of Non-Attorney Petition Preparer** 

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup>In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Case 08-72857 Official Form 1, Exhibit D (10/06)

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Date: September 4, 2008

# Filed 09/04/08 Entered 09/04/08 15:03:10 Desc Main Doc 1 Document Page 15 of 39 United States Bankruptcy Court Northern District of Illinois

IN RE:	Case No
Knowles, Gynna Lee	Chapter 7
	R'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNS	ELING REQUIREMENT
do so, you are not eligible to file a bankruptcy case, and the cou whatever filing fee you paid, and your creditors will be able to	tatements regarding credit counseling listed below. If you cannot urt can dismiss any case you do file. If that happens, you will lose resume collection activities against you. If your case is dismissed to pay a second filing fee and you may have to take extra steps
Every individual debtor must file this Exhibit D. If a joint petition is jone of the five statements below and attach any documents as direc	filed, each spouse must complete and file a separate Exhibit D. Check cted.
the United States trustee or bankruptcy administrator that outlined	se, I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in the agency describing the services provided to me. Attach a copy of the agh the agency.
the United States trustee or bankruptcy administrator that outlined performing a related budget analysis, but I do not have a certificate f	the, I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in from the agency describing the services provided to me. You must file ded to you and a copy of any debt repayment plan developed through d.
days from the time I made my request, and the following exigen	pproved agency but was unable to obtain the services during the five at circumstances merit a temporary waiver of the credit counseling unied by a motion for determination by the court.][Summarize exigent
obtain the credit counseling briefing within the first 30 days after the agency that provided the briefing, together with a copy of extension of the 30-day deadline can be granted only for cause an be filed within the 30-day period. Failure to fulfill these requir	it will send you an order approving your request. You must still you file your bankruptcy case and promptly file a certificate from any debt management plan developed through the agency. Any dis limited to a maximum of 15 days. A motion for extension must rements may result in dismissal of your case. If the court is not out first receiving a credit counseling briefing, your case may be
4. I am not required to receive a credit counseling briefing becaumotion for determination by the court.]	se of: [Check the applicable statement.] [Must be accompanied by a
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired b of realizing and making rational decisions with respect to fir	by reason of mental illness or mental deficiency so as to be incapable nancial responsibilities.);
<ul> <li>Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically participate in a credit counseling briefing in person, by telep</li> <li>Active military duty in a military combat zone.</li> </ul>	y impaired to the extent of being unable, after reasonable effort, to bhone, or through the Internet.);
5. The United States trustee or bankruptcy administrator has detected a solution of the states and the states are stated as a solution of the st	ermined that the credit counseling requirement of 11 U.S.C. § 109(h)
I certify under penalty of perjury that the information provided abor	ve is true and correct.
Signature of Debtor: /s/ Gynna Lee Knowles	

B6 Summary (Case 08-72857, Doc 1

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Document Page 16 of 39 United States Bankruptcy Court **Northern District of Illinois** 

IN RE:		Case No.
Knowles, Gynna Lee		Chapter 7
	Debtor(s)	•

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 81,198.15		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 13,020.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 20,598.26	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 649.87
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 1,210.00
	TOTAL	14	\$ 81,198.15	\$ 33,618.26	

Form 6 - Statistical Summary (12/07)

Doc 1

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# Document United States Page 17 of 39

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Northern	Distri	ct of 1	Illinois	

IN RE:		Case No.
Knowles, Gynna Lee		Chapter 7
· · ·	Debtor(s)	•

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

# **State the following:**

Average Income (from Schedule I, Line 16)	\$ 649.87
Average Expenses (from Schedule J, Line 18)	\$ 1,210.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C	
Line 20)	\$ 1,732.88

## **State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 20,598.26
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 20,598.26

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(If known)

IN RE Knowles, Gynna Lee

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Debtor(s)

Case No. \_

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
		NATURE OF DEBTOR'S INTEREST IN PROPERTY  HUSBAND, WIFE, JOHN OR COMMUNITY	NATURE OF DEBTOR'S INTEREST IN PROPERTY  OR BEST OF THE PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION  CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION

TOTAL

0.00

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Case No. \_

IN RE Knowles, Gynna Lee

Debtor(s)

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(If known)

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.	Х			
2.	Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with Holcomb State Bank	W	300.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, include audio, video, and computer equipment.		Possessions at residence.	W	3,500.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Х			
6.	Wearing apparel.		Clothing at residence.	W	250.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Х			
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Employee Stock ownership	w	60,648.15
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			

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Debtor(s)

IN RE Knowles, Gynna Lee

\_ Case No. \_

**SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

(If known)

			(Continuation Sheet)		
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
	Patents, copyrights, and other intellectual property. Give particulars.	X			
	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		1995 International Semi-Trailer, bought used with over 1 million miles.	J	12,500.00
			2003 Grand Prix with 120,000 miles.	W	4,000.00
26.	Boats, motors, and accessories.	X			
	Aircraft and accessories.	X			
	Office equipment, furnishings, and supplies.	X			
	Machinery, fixtures, equipment, and supplies used in business.	X			
	Inventory.	X			
31.	Animals.	X			

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Debtor(s)

IN RE Knowles, Gynna Lee

**0** continuation sheets attached

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(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

		TO	CAT	91 109 15
				91 109 15
35. Other personal property of any kind not already listed. Itemize.	х			
<ul><li>33. Farming equipment and implements.</li><li>34. Farm supplies, chemicals, and feed.</li></ul>	X X			
32. Crops - growing or harvested. Give particulars.	X			
TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION

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(If known)

IN RE Knowles, Gynna Lee

Case No. \_ Debtor(s)

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Checking account with Holcomb State Bank	735 ILCS 5 §12-1001(b)	300.00	300.00
Possessions at residence.	735 ILCS 5 §12-1001(b)	3,500.00	3,500.00
Clothing at residence.	735 ILCS 5 §12-1001(a)	250.00	250.00
Employee Stock ownership	40 ILCS 5 §§22-230, 4-135, 6-213, 19-117	60,648.15	60,648.1
2003 Grand Prix with 120,000 miles.	735 ILCS 5 §12-1001(c)	2,400.00	4,000.00

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IN RE Knowles, Gynna Lee

Debtor(s)

Case No. (If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.		J	Car loan from May of 2003.	T			1,974.00	
GMAC 200 Renaissance Center Detroit, MI 48265-2000								
		_	VALUE \$ 4,000.00	+	╀			
ACCOUNT NO.  Holcomb State Bank 7035 11th Street Rockford, IL 61109	X		Car loan from Dec. 2002				11,046.00	
			VALUE \$ <b>12,500.00</b>	1				
ACCOUNT NO.								
			VALUE \$	╀	L			
ACCOUNT NO.			VALUE \$					
<b>0</b> continuation sheets attached	•	•	(Total of t	Sul			\$ 13,020.00	\$
- communion succes attached			(Use only on I		Tot	al	\$ 13,020.00 (Report also on Summary of	

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Summary of Schedules.)

also on Statistical Summary of Certain Liabilities and Related Data.)

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IN RE Knowles, Gynna Lee

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Debtor(s)

Case No. \_\_\_\_\_(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Stati	isucai Suniniary of Certain Liabilities and Related Data.
liste	eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.
V	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
ΤY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	<b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	<b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
	* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.
	o continuation sheets attached

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#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Revolving line of credit			T	
Cardmember Service P.O. Box 790408 St. Louis, MO 63179-0408							3,986.18
ACCOUNT NO.			Revolving line of credit.		_	$\dashv$	0,000.10
Chase Bank Po Box 15298 Wilmington, DE 19850-5298	-						3,325.13
ACCOUNT NO.			Medical bill placed for collection.			寸	,
Cred Protections Assoc 1355 Noel Rd, Suite 2100 Dallas, TX 75240							204.00
ACCOUNT NO.			Store credit card.		_	$\dashv$	204.00
Dell Financial Services C/O DFS Customer Care Department P.O. Box 81577 Austin, TX 78708-1577							1,491.32
2		•		Subt			• 0.00e.ca
continuation sheets attached			(Total of th	-	age 'ota	· F	\$ 9,006.63
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St	also	01	n	
			Summary of Certain Liabilities and Related				\$

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\_ Case No. \_

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		((	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Personal loan from December of 2006.	+			
Holcomb State Bank 7035 11th Street Rockford, IL 61109							2 709 00
ACCOUNT NO.				+		Н	2,708.00
Mutual Management 401 E. State Street Rockford, IL 61104							38,50
ACCOUNT NO.			Opened in May of 2005.	+			30.30
Nicor Gas P.O.B. 8350 Aurora, IL 60507-8350							1,540.00
ACCOUNT NO.			Medical bill for child.	+			1,540.00
Rochelle Community Hospital 900 N. Second Street Rochelle, IL 61068-1764							
				+			1,511.68
ACCOUNT NO.  HCBS P.O. Box 4 Clinton, IA 52733-0004			Assignee or other notification for: Rochelle Community Hospital				
ACCOUNT NO.			Medical bills from 2005 that were placed for	+		$\vdash$	
State Collection Service 2509 S. Stoughton Rd Madison, WI 53716			collection.				
							1,674.00
ACCOUNT NO.	-		2005 medical treatment for daughter				
U.W. Hospital And Clinics 600 Highland Avenue Madison, WI 53792							
					L	Ц	3,148.45
Sheet no1 of2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	-	age	e)	\$ 10,620.63
			(Use only on last page of the completed Schedule F. Reported Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	t als tatis	tica	n al	\$

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sneet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUN' OF CLAIM	
A CCOLINIT NO			Assignee or other notification for:	+		+		
ACCOUNT NO.  MCDorman/Gillen Law Off. P.O. Box 6037 Madison, WI 53716			U.W. Hospital And Clinics					
ACCOUNT NO.			Dec. 28, 2005 medical treatment for daughter.	+	$\frac{1}{1}$			
Van Orthopaedic & Spine Surgery 422 Cherry Avenue Rochelle, IL 61068								
ACCOUNT NO.			Past due account from July of 2007.	+	-		81	8.00
Verizon 1515 Woodfield Rd, Ste. 140 Schaumburg, IL 61073			,				15	3.00
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
A COCOLIVE NO								
ACCOUNT NO.								
Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		<u> </u>	(Total of		pag	e)	\$ 97	1.00
			(Use only on last page of the completed Schedule F. Rep the Summary of Schedules, and if applicable, on the	ort als		on		

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(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

20,598.26

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# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
ul Knowles 3 2d Avenue Icomb, IL 61043	Holcomb State Bank 7035 11th Street Rockford, IL 61109

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#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status	;	DEPENDENTS OF	DEBTOR AND	SPOUS	Е		
Single		RELATIONSHIP(S):				AGE(S):	
EMPLOYMENT:		DEBTOR			SPOUSE		
Occupation Name of Employer How long employed Address of Employer	Bank Teller Holcomb Sta 11 years 7035 11th Str Rockford, IL	reet					
	gross wages, sa	or projected monthly income at time case filed) alary, and commissions (prorate if not paid month	nly)	\$ \$	DEBTOR <b>1,575.06</b>	\$ \$	SPOUSE
<ul><li>3. SUBTOTAL</li><li>4. LESS PAYROL</li><li>a. Payroll taxes a</li><li>b. Insurance</li><li>c. Union dues</li></ul>				\$ \$ \$	1,575.06 158.84 418.71	\$ \$ \$ \$	
d. Other (specify	WageGarnis			\$ \$	64.39 283.25	\$	
5. SUBTOTAL O 6. TOTAL NET N				\$ \$	925.19 649.87		
8. Income from rea 9. Interest and divi	l property dends tenance or supp listed above	of business or profession or farm (attach detailed ort payments payable to the debtor for the debtor		\$ \$ \$		\$ \$ \$	
		iment assistance		\$ \$		\$ \$	
13. Other monthly	income			\$		\$ \$ \$	
14. SUBTOTAL (	OF LINES 7 TI	HROUGH 13		\$ \$		\$ \$	
15. AVERAGE M	ONTHLY INC	<b>COME</b> (Add amounts shown on lines 6 and 14)		\$	649.87	\$	
		ONTHLY INCOME: (Combine column totals for tall reported on line 15)	rom line 15;		\$	649.8	<u> </u>

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

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SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(	$\mathbf{S}$ )	
Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the ded on Form22A or 22C.	any payments uctions from	made biweekly, income allowed
Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete expenditures labeled "Spouse."	a separate	schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	
a. Are real estate taxes included? Yes No		
b. Is property insurance included? Yes No		
2. Utilities:		
a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	450.00
c. Telephone	\$	150.00
d. Other	— \$ —	
3. Home maintenance (repairs and upkeep)	— ¢ —	
4. Food	φ —— \$	300.00
5. Clothing	\$	
6. Laundry and dry cleaning	\$	
7. Medical and dental expenses	\$	360.00
8. Transportation (not including car payments)	\$	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
10. Charitable contributions	\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	Φ.	
b. Life	\$	
c. Health d. Auto	\$	
e. Other	Φ	
c. Other	— \$ ——	
12. Taxes (not deducted from wages or included in home mortgage payments)	Ψ	
(Specify)	\$	
	\$	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	
b. Other	\$	
	\$	
14. Alimony, maintenance, and support paid to others	\$	
<ul><li>15. Payments for support of additional dependents not living at your home</li><li>16. Regular expenses from operation of business, profession, or farm (attach detailed statement)</li></ul>	\$	
17. Other	\$ ——	
	— \$ —	
	\$	
<b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.	\$	1,210.00
applicable, on the statistical summary of Certain Elabilities and Related Data.	Ψ	1,210.00
19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of	this docur	ment:

None

# 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$_	649.87
b. Average monthly expenses from Line 18 above	\$_	1,210.00
c. Monthly net income (a. minus b.)	\$_	-560.13

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Debtor(s)

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#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: September 4, 2008 Signature: /s/ Gynna Lee Knowles **Gynna Lee Knowles** Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Signature:

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United States	Bankruptcy Cour
Northern D	istrict of Illinois

IN RE:		Case No
Knowles, Gynna Lee		Chapter 7
	Debtor(s)	

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

12,005.00 2008 year-to-date income

40,836.00 2007 income

14,320.00 2006 income

#### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	preceding the commencement of \$5,475. If the debtor is an indivibility obligation or as part of an alternate debtors filing under chapter 12 of \$100.	f the case unless the aggregate value idual, indicate with an asterisk (*) any tive repayment schedule under a plant	of all property that constitutes or it y payments that were made to a cre by an approved nonprofit budgeting and other transfers by either or both	s affected by such transfer is less than ditor on account of a domestic support and credit counseling agency. (Married spouses whether or not a joint petition
None	who are or were insiders. (Marri		chapter 13 must include payments b	is case to or for the benefit of creditors by either or both spouses whether or not
4. Su	its and administrative proceeding	ngs, executions, garnishments and a	ttachments	
None	bankruptcy case. (Married debto		13 must include information concer	nmediately preceding the filing of this rning either or both spouses whether or
AND <b>08 S</b>	TION OF SUIT CASE NUMBER C 168University of consin Hospitals V. Gynna wles	NATURE OF PROCEEDING Small claims action	COURT OR AGENCY AND LOCATION Circuit Court of Dane Cou Wisconsin	STATUS OR DISPOSITION nty, Judgment for plaintiff.
None	the commencement of this case.		r 12 or chapter 13 must include inf	within <b>one year</b> immediately preceding formation concerning property of either on is not filed.)
BENI U.W. 600 I	E AND ADDRESS OF PERSON EFIT PROPERTY WAS SEIZED Hospital And Clinics Highland Avenue son, WI 53792		DESCRIPTION ZURE OF PROPERTY <b>Wage Garnisl</b>	<i>T</i>
5. Re	possessions, foreclosures and re	turns		
None	the seller, within one year imme	ediately preceding the commencemen	t of this case. (Married debtors filir	eed in lieu of foreclosure or returned to ng under chapter 12 or chapter 13 must unless the spouses are separated and a
6. As	signments and receiverships			
None		npter 12 or chapter 13 must include any		ceding the commencement of this case. es whether or not a joint petition is filed,
None	commencement of this case. (Ma		r chapter 13 must include information	in <b>one year</b> immediately preceding the on concerning property of either or both t filed.)
7. Gif	fts			
None	gifts to family members aggregate per recipient. (Married debtors f	ing less than \$200 in value per individ	ual family member and charitable coust include gifts or contributions b	t of this case except ordinary and usual ontributions aggregating less than \$100 y either or both spouses whether or not
8. Lo	sses			
None	commencement of this case. (M		or chapter 13 must include losses b	ommencement of this case or since the by either or both spouses whether or not
9. Pa	yments related to debt counseling	ng or bankruptcy		
	List all payments made or prope	rty transferred by or on behalf of the de		rneys, for consultation concerning debt

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of this case.

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8/05/08

PAYOR IF OTHER THAN DEBTOR

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NAME AND ADDRESS OF PAYEE Woodworth & Rabbitt 4011 N. Mulford Rd. Loves Park, IL 61111

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 1,000.00

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

 $\checkmark$ 

#### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

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None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\checkmark$ 

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 4, 2008	Signature /s/ Gynna Lee Knowles	
	of Debtor	Gynna Lee Knowles
Date:	Signature	
	of Joint Debtor	
	(if any)	
	<b>0</b> continuation pages attached	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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United States Bankruptcy Court
Northern District of Illinois

IN RE:		Case No.			
Knowles, Gynna Lee		Chapter 7			
Deb	tor(s)				
CHAPTER 7 IND	IVIDUAL DEBTOR'S STATEMEN	T OF INTEN	TION		
✓ I have filed a schedule of assets and liabilities of I have filed a schedule of executory contracts a ✓ I intend to do the following with respect to the	nd unexpired leases which includes personal pro	operty subject to	an unexpir lease:	ed lease.	
Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
2003 Grand Prix with 120,000 miles. 1995 International Semi-Trailer, bought us	GMAC Holcomb State Bank				<b>✓</b>
					Lease will be assumed pursuant to 11 U.S.C. §
Description of Leased Property	Lessor's Name				362(h)(1)(A)
09/04/2008 /s/ Gynna Lee Knowles					
Date Gynna Lee Knowles	Debtor		Joi	nt Debtor (i	f applicable)
DECLARATION AND SIGNATURE Of I declare under penalty of perjury that: (1) I am compensation and have provided the debtor with a and 342 (b); and, (3) if rules or guidelines have b bankruptcy petition preparers, I have given the debt any fee from the debtor, as required by that section	copy of this document and the notices and information promulgated pursuant to 11 U.S.C. § 110(I tor notice of the maximum amount before preparation).	11 U.S.C. § 110; mation required on setting a maxim	(2) I prejunder 11 Unum fee fo	pared this d J.S.C. §§ 110 or services cl	ocument for 0(b), 110(h), nargeable by
any fee from the debtor, as required by that section					
Printed or Typed Name and Title, if any, of Bankruptcy If the bankruptcy petition preparer is not an indiresponsible person, or partner who signs the documents of the bankruptcy petition preparer is not an indirect person of partner who signs the documents of the bankruptcy petition preparer is not an indirect person of partner who signs the documents of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect person of the bankruptcy petition preparer is not an indirect petition preparer in the bankruptcy petition preparer is not an indirect petition preparer in the bankruptcy petition preparer is not an indirect petition preparer in the bankruptcy petition petition preparer in the bankruptcy petition pet	vidual, state the name, title (if any), address, o	Social Security  and social securit	_		
Address					
Signature of Bankruptcy Petition Preparer		Date			
Names and Social Security numbers of all other incis not an individual:	lividuals who prepared or assisted in preparing the	is document, unle	ess the ban	kruptcy peti	tion preparer

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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IN RE:		Case No
Knowles, Gynna Lee		Chapter 7
	Debtor(s)	
	VERIFICATION OF CREDITO	R MATRIX
		Number of Creditors16
The above-named Debtor(s) her	eby verifies that the list of creditors is true	e and correct to the best of my (our) knowledge.
Date: September 4, 2008	/s/ Gynna Lee Knowles	
	Debtor	
	Joint Debtor	

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Knowles, Gynna Lee 403 2d Avenue Holcomb, IL 61043

Mutual Management 401 E. State Street Rockford, IL 61104

Woodworth, Rabbitt & Lewandowski, PC 6180 East State Street

Rockford, IL 61108

**Nicor Gas** P.O.B. 8350 Aurora, IL 60507-8350

**Cardmember Service** P.O. Box 790408

St. Louis, MO 63179-0408

Paul Knowles 403 2d Avenue Holcomb, IL 61043

Chase Bank Po Box 15298

Wilmington, DE 19850-5298

**Rochelle Community Hospital** 900 N. Second Street Rochelle, IL 61068-1764

**Cred Protections Assoc** 1355 Noel Rd, Suite 2100 Dallas, TX 75240

**State Collection Service** 2509 S. Stoughton Rd Madison, WI 53716

**Dell Financial Services C/O DFS Customer Care Department** P.O. Box 81577 Austin, TX 78708-1577

**U.W. Hospital And Clinics** 600 Highland Avenue Madison, WI 53792

**GMAC** 200 Renaissance Center Detroit, MI 48265-2000

Van Orthopaedic & Spine Surgery 422 Cherry Avenue Rochelle, IL 61068

**HCBS** P.O. Box 4 Clinton, IA 52733-0004

Verizon 1515 Woodfield Rd, Ste. 140 Schaumburg, IL 61073

**Holcomb State Bank 7035 11th Street** Rockford, IL 61109

MCDorman/Gillen Law Off. P.O. Box 6037 Madison, WI 53716